

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
0047-7440-5267

2 Total pages filed:

13 PAGES

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR. DANIEL

NICKNAME

LAST

SUFFIX

DANNY ROBLERO

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

3100 E YANDELL EL PASO TX 79903

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 565-8000

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR. RUBEN

NICKNAME

LAST

SUFFIX

SONNY GARCIA

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3100. E YANDELL EL PASO, TX 79903

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 479-0620

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☒ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

1 / 19 / 05

2 / 3 / 05

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (If any)

JUDGE MUNICIPAL COUNT #5
EL PASO

13 OFFICE SOUGHT (If known)

JUDGE MUNICIPAL COUNT #5
EL PASO

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

NONE

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CITY CLERK DEPT.

05 FEB - 2 AM 8:19

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Daniel Robledo

16 ACCOUNT # (Ethics Commission filers)

0097-7440-5267

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,125.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

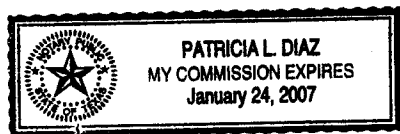
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Daniel Robledo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Robledo, this the 7th day of February 2005, to certify which, witness my hand and seal of office.

Patricia L. Diaz
Signature of officer administering oath

Patricia L. Diaz
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

DANIEL RUBLEDO

3 ACCOUNT # (Ethics Commission filers)

0047 7440-5267

4 Date

1/24/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL ANCHONDO ATTY

6 Contributor address; City; State; Zip Code

2509 MONTANA
EL PASO, TX 799037 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/21/05

Full name of contributor

☐ out-of-state PAC (ID#)

TERESA CABALLERO ATTY

Contributor address; City; State; Zip Code

2726 RICHMOND AVE.
EL PASO, TX 79930Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/05

Full name of contributor

☐ out-of-state PAC (ID#)

SERGIO CONONADO ATTY

Contributor address; City; State; Zip Code

1019 S. YANDILL DR
EL PASO TX 79902Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/05

Full name of contributor

☐ out-of-state PAC (ID#)

HENRY L. CHISOLM ATTY

Contributor address; City; State; Zip Code

1012 CALLE PARQUE DR
EL PASO TX 79902Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/05

Full name of contributor

☐ out-of-state PAC (ID#)

JOSEPH (SIB) ABRAHAM, JR. ATTY

Contributor address; City; State; Zip Code

PO BOX 512312
EL PASO TX 79957Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

DANIEL RUBIN

3 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

4

TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5

Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

NONE

7 Pledgor address;

City; State; Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME DANIEL ROBLES DU		3 ACCOUNT # (Ethics Commission filers) 0047-7440-5267	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date 1/25/05	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: ROGER MONTOLYA ATTY 7 Pledgor address; City; State; Zip Code 101 S. KANSAS EL PASO, TX 79901	8 Amount of pledge (\$) 100.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 1/20/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD CONTRERAS ATTY Pledgor address; City; State; Zip Code 2150 TRAWOOD ST A-230 EL PASO, TX 79935	Amount of pledge (\$) 125.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/28/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: ESTRADA ASSOCIATES ATTY Pledgor address; City; State; Zip Code 501 KANSAS ST SUITE 200 EL PASO, TX 79901	Amount of pledge (\$) 200.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: JOHN M. DICKS & ASSOCIATES ATTY Pledgor address; City; State; Zip Code 1520 N. CAMPBELL EL PASO TX 79902	Amount of pledge (\$) 200.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/21/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: STANTON ANTELOFF, P.C. ATTYS Pledgor address; City; State; Zip Code 521 TEXAS AVE. EL PASO, TX 79901	Amount of pledge (\$) 100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME DANIEL RUBEN		3 ACCOUNT # (Ethics Commission filers) 0047-7440-5267	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date 11/19/05	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL L. AARONSON ATTY 7 Pledgor address; City; State; Zip Code 2524 MONTANA AVE EL PASO, TX 79903	8 Amount of pledge (\$) 2,000.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 11/27/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: WYATT & UNDERWOOD ATTY Pledgor address; City; State; Zip Code 303 TEXAS AVE. STE. 600 EL PASO, TEXAS 79901	Amount of pledge (\$) 300.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/1/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: LUPE LOPEZ ATTY AT LOPE Pledgor address; City; State; Zip Code PO BOX 10469 EL PASO, TEXAS 79995	Amount of pledge (\$) 300.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/1/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: CARLOS CARRASCO ATTY Pledgor address; City; State; Zip Code 1220 MONTANA AVE EL PASO, TX 79902	Amount of pledge (\$) 100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/1/05	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: RUBY ROMERO ATTY Pledgor address; City; State; Zip Code 2507 MONTANA EL PASO TX 79903	Amount of pledge (\$) 500.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

NONE

6 Is lender a
financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate

Y N

11 Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

4 Date

5 Payee name

7 Amount
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

DANIEL ROBLES

3 ACCOUNT # (Ethics Commission filers)

0047-7490-5267

4 Date

5 Business name

NONE

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

4 Date

5 Payee name

None.

6 Payee address;

City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:**2** FILER NAME

DANIEL ROBERTSON

3 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

4 Date**5** Payee name

NONE

6 Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)**8** Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

4 Date

5 Payor name

None

6 Payor address; City; State; Zip Code

7 Reason for credit

8 Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

DANIEL ROBUSTO

2 ACCOUNT # (Ethics Commission filers)

0047-7440-5267

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:


- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder